**Commonwealth of Kentucky**
**Office of Insurance**
**CITY,COUNTY, OR URBAN COUNTY GOVERNMENT QUARTERLY INSURANCE PREMIUM TAX RETURN**

**Due 30 Days After each Calendar Quarter**

| | |
|---|---|
| **For the Quarter:** | **Name of City, County or Urban-County Gov't** |
| **For Premiums Collected By:** | **Person Responsible for Preparing Form** |
| **(Insurance Company)** | **Name:** |
| **Address (city, state, zip):** | **Title:** |
| | **Street Address:** |
| **FEIN:** | **City, State, ZIP:** |
| **NAIC No:** | **Phone:** |
| **If coverage was exported pursuant to KRS 304.10, please complete the following:** | |
| **Surplus Lines Broker:** | **Office of Insurance License ID No:** |
| **Address:** | **Phone:** |
| **City, State, ZIP:** | |

| **Line Of Insurance** | **(1) Established Tax Rate %** | **(2) Premiums Received** | **(3) Tax Payable [(1) x(2)]** | **(4) Collection Fee Retained** | **(5) Amount Collected From Policyholders** |
|---|---|---|---|---|---|
| Casualty | | | | | |
| Fire & Allied Perils | | | | | |
| Health | | | | | |
| Inland Marine | | | | | |
| Life | | | | | |
| Motor Vehicle | | | | | |
| All Other Risks | | | | | |
| | | | | | |
| Credits (Form LGT 142) | | | | | |
| **Total** | | | | | |

*I hereby certify that the information provided is an accurate statement of the premiums received.*

**(Signature of Person Responsible For Preparing This Return)**

**(Date)**

**NOTE: See Filing Instructions**

**FORM LGT 141 (04/04)**